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ABSTRACT

A theoretical and practical framework for initiating effective psychological services is presented. This is done through the consideration of the line of authority between administration and staff, a practical assessment of the pitfalls of letting others define the psychologist's role, and a detailed model for managing the referral process. The referral process is the means by which the school psychologist contacts and involves himself with the human organization we call a school, and involves school personnel in effective, problem-solving strategies. (Author)

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Managing the Referral Process: Key to Effective School Psychology Practice[1]

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How does the school psychologist, in the consultant role, contact and involve himself with the human organization we call a school? Surprisingly, this question has not been addressed in the literature. Furthermore, although the "consultation model" is the most widely promulgated as the ideal model for school psychologists, (Gallessich, 1973; Hunter & Lambert, 1974; Kennedy, 1971; Lambert, Sandoval & Wilson, 1975; Lee, 1972; Meyer, 1973; Pryzwansky, 1971; Waters, 1973) and has been since the Thayer Conference (Cutts, 1955) little attention has been given to the rudiments of the referral process, a component of this model, or to the consultative process in general. Only one author (Gallessich, 1973) has even treated the assessment of formal and informal lines of communication and power as important for school psychologists' effective functioning.

Since the referral is the point of entry into the problem for the psychologist, the referral process is of the utmost importance. Through the management and structuring of the referral process, the psychologist sets the direction and limits of his effectiveness. The following case examples demonstrate both the importance of the process and the consequences of inadequate attention to managing and structuring it:

Referral Problem I

Teacher: "This 4th grade boy disrupts my class-- get him out of here." Teacher includes examples of the disruptive behavior in the referral form.

Psychologist's response: Sets up an appointment for testing, administers tests and determines child has "poor inner controls", a "weak ego" and is "overly reactive to stimuli from without". Report sent to the "school" recommending placement in a class for emotionally disturbed and the mother is informed.

Principal's response: vetoes recommendation since he believes all teachers, and particularly this one, should take care of behavior problems within the regular classroom.

Mother's response: she has accepted recommendation and demands that her bad child be placed in a "dumb class" where he belongs and where they will be able to knock some sense into his head.

The outcome is left to the reader's imagination.

Evaluation of the Referral Process -- Problem I

1. Psychologist accepted the referral thus identifying locus of the problem as definitely within the student, therefore agreeing with parameters of problem as viewed by the teacher.

2. Psychologist took over the problem, implicitly offering some "cure" once the nature of the difficulty was diagnosed.

3. The decision making authority and responsibility of administrators was ignored.

4. The parents' role in decision making and their contribution to the problem solving process were bypassed.

Referral Problem II

Principal sends a referral form on a particular child directly to the School Psychologist and says, confidentially, to have a look at the way the teacher is handling the child and the rest of the class since he "has

some doubts" about the teacher.

Psychologist's response: Psychologist accepts assignment and drops in to observe the class. Then he tests the child, finds him slightly overactive and recommends a behavior modification program described in his report to the principal. He also advises the principal that the class is poorly managed, with the children wandering aimlessly about.

Other teachers' responses: Although they generally regard this teacher as incompetent, they urge the teacher to protest the request for resignation that has resulted from the psychologist's evaluation. They also refuse to have anything further to do with the psychologist.

Evaluation of the Referral Process -- Problem II

1. The psychologist failed to get the teacher's definition of the problem.

2. He failed to get the teacher's involvement in or commitment to the process of identification and solution of the difficulty.

3. The psychologist placed himself in the role of evaluator of teacher performance, a role in which he is not competent, and a role which is incompatible with the kind of collaborative effort required in pupil personnel services.

Referral Problem III

Parent's request: "Do an IQ test on my daughter who is in the 5th grade to see what her potential is".

Psychologist's response: administration of a standard intelligence test, determining that the child's IQ is 120, that she is particularly adept at non-verbal reasoning, immediate recall and social comprehension,

but only a little above average in both inductive and deductive reasoning. In addition, the child is doing about average work in a class whose norm is a year above grade level.

Outcome: parent-psychologist conference at which the parent asks about the test results, which means what her daughter's IQ is. The psychologist is reluctant to give this exact information trying to explain the imprecision of an IQ score. The parent is both angry and adamant and proceeds to the principal's office, complaining that the psychologist is withholding information about her daughter. She returns, with the principal, who instructs the psychologist to give Mrs. B. the information she wants.

Evaluation of the Referral Process -- Problem III

1. The psychologist had accepted a solution, IQ testing, without knowing what the problem was. Having committed herself to such a course of action, she could not handle the more salient problem of the parent-child relationship as it surfaced.

Referral Problem IV

High School student, Jane R. requests an appointment with psychologist and wants to know whether what she tells him will be held in strict confidence.

Psychologist's response: He swears secrecy. Jane R. then tells him she is pregnant and planning to run away from home and since she doesn't know where to go, she would like his help in finding a place.

Evaluation of the Referral Process -- Problem IV

The psychologist had defined himself as confidante rather than

problem solver. By agreeing to this role, he limited his effectiveness in helping this child deal with the crises in her life. He has, unwittingly, become a party to the solution of the problem as the girl sees it, which is a very limited view.

Thus, the above examples illustrate what happens in the absence of a structured referral process. What model should be followed to avoid these pitfalls and to render the much needed valuable psychological services?

Let us use as our starting point in answering this question the statement from the Thayer Conference that psychological services are "staff, not line". The Principal is in the line of authority. He is responsible for all that goes on within his school and he, alone, is accountable therefore. The psychologist does not have any authority within the school except as delegated by the chief administrator, the principal. Some psychologists are troubled by this concept. After all, the principal is not qualified to supervise psychological services. To accept his authority is to compromise ones professionalism as a psychologist. Clair & Keraly (1971) consider that the psychologist is effective "only if he has a clear understanding of administration's defined objectives." (p. 320)

The problem of relationship with an administrator who is not expert in ones own field is not peculiar to school psychology. There are many other staff people within the school who are in the same situation, school nurses, curriculum specialists, guidance counselors to name but a few. Indeed, in almost any public or private institution with a staff of more than a few people, there are specialists of one kind or another reporting to administrators who are much less expert than the specialist. Ideally, a school administrator manages the educational

process, not by imposing control over matters which his staff knows more about than he does, but by identifying and drawing out the best talents and efforts of his staff. The psychologist can play a very important part in helping the administrator identify and draw out those talents in the interest of better meeting the needs of children.

The following model is one that the author has found effective in practice at the elementary and junior high levels.

(1) Referral is initiated by classroom teacher who observes and identifies what she sees as the problem. This will usually take the form of behavior description, systematically organized and presented. A form such as that described by Alper and White (1971) which requires the teacher to identify specific behaviors and the frequencies with which they appear can be of special value in setting an objective, diagnostic, problem-solving tone to dealing with the behavior and academic difficulties of the child. The teacher's systematic study and observation of the child establishes the expectation of their involvement in the diagnostic and problem-solving process.

(2) All referrals are channeled through the principal. It is his responsibility to determine whether the referral to the psychologist is appropriate and if so, what priority it should take within the psychologist's scheduled time for that school.

(3) In the principal-teacher conference, the principal should assess whether the teacher should be directed toward other resources, should determine whether the teacher has conferred with the parents of the child to inform them of the child's difficulties in school.

(4) A schedule of referral meetings, should be established at the

beginning of the school year.

This structure has the advantage of defining accountability of all, administrators, teachers, and psychologists. How would the four referral problems outlined earlier have been dealt with within the framework of this structure.

(1) The "disruptive" fourth grade boy. The teacher tells the psychologist that he has to do something to get this child out of her classroom. Has the principal been apprised of the problem? Has the parent? With these questions, the psychologist has embarked on a mission to surface the impediments to making the best use of the school and community resources on behalf of the child. Does the teacher feel that she cannot ask her administrator for the support she needs in carrying out her work? Is this because she has some irrational fear of "the principal" whoever he might be, or because she has difficulty in articulating her needs or because the principal is not receptive? If the psychologist assesses the problem to be one of the first two he may offer the teacher help in formulating her presentation to the principal. If the principal is "unreceptive", the psychologist might schedule a pre-referral conference among teacher, principal, and himself to underscore the teacher's need for administrative support and perhaps begin to deal with the principal's unreceptiveness. Similar considerations would apply to the teacher's contact with the parent.

At this point, we must take a moment to answer the cry of "What about the child while you're getting mixed up in all this process." Should we not get "down to cases" as quickly as possible - should we not "help" the child without further ado? These seem to be fair and

reasonable concerns which challenge our wasting time on "preliminaries" when there are so many children who need our help. However, let us examine the assumptions that underlie this cry for action:

(1) that the psychologist somehow absolutely knows what should be done

(2) that all he has to do is translate that knowledge into a set of instructions and

(3) that working through the relationships with administration and staff of the school is peripheral to the consultation function of the school psychologist. A thoughtful consideration of these assumptions leads us to realize that structuring the consultation process and specifically the referral process is precisely the avenue through which the psychologist can bring expertise to the school setting.

Let us consider case II in which the principal has the hidden agenda of "getting the goods" on the teacher. A referral meeting attended by the teacher, the principal, and other involved school personnel could surface what the specifics of the disturbed relationship between teacher and child might be. Such a meeting sets a problem solving orientation rather than a witch-hunting one. It also defines the role of the psychologist as the person who helps identify and surface problems in learning and in inter-personal relationships and not one of teacher evaluation. But what if the principal is reluctant to set up such a meeting? The psychologist's task here becomes to discuss with the principal why this is the case and to support the principal in his role of giving leadership to the educational process.

Now, for case III in which the parent initiated a request for IQ testing. Within the present model this would be handled somewhat as follows:

The psychologist would explore with the parent either over the phone or in person just what answers the parent is looking for from the IQ test. He would explain to the parent that IQ testing like other techniques is a tool which the psychologist uses in understanding people better, but that the tool that is used must be relevant to the problem at hand. The psychologist must be quite firm in this position since he has the responsibility for the quality of the psychological services program and therefore must have the authority to make the professional decisions about how best to provide those services. It should be apparent that it is necessary to communicate with administration and community again and again to interpret and explain psychological services so that as problems like this arise, the psychologist does have administrative and community support in insisting upon a professional management or referrals. But to get back to our case, — depending on his judgment of the readiness of both teacher and parent for a conference, the psychologist might set up a meeting of teacher and parent. He might include himself in that meeting depending upon his assessment of the parent's attitude and possible antagonism, the teachers competence in dealing with an interview. It is important here that the psychologist maintain his position as the psychologist for the school. His findings are primarily for the use of school personnel in planning for the child. In this situation and again within the context of our model, the psychologist can help the parent to explore and identify what her actual concerns

are in relation to her child, her childs education and other aspects of her childs life. In so doing, the psychologist may, open up to the parents appropriate options which may include further collaboration with the teacher, the use of special facilities within the school, referral to resources outside the school, etc. In this case, even though referral has not been formerly approved by the principal, the principal should be apprised of the psychologist's contacts with the parent and in general what the purpose of those contacts is. Our final case of the child who swears the psychologist to secrecy is not at all unusual, and shows most clearly that the school psychologist's client is the school system and not the child. The psychologist has no right to swear secrecy to anyone. He does have the ethical obligation to maintain confidentiality of records which means that he is committed not to disclose the material within his files in any matter that will be destructive to the child or the childs family, or to anyone else for that matter. In junior high school and even more so in high school work, self-referrals are more common than they are at the elementary school level. The message which the psychologist must therefore articulate to the self-referred teenager is: I am here to help you with any problems you have in your relationship to the school and to your peers within the school, and furthermore to help you to find suitable resources outside the school if there are problems in your life which obtain there. Whatever information you will share with me must be done on the basis of the assumption that I will not use this in a way which would be destructive to you, and ultimately, do not share information with me with which you feel I cannot be trusted.

Work with adolescents calls for a great deal of flexibility and sensitivity and sense of timing, but at all times a psychologist must retain the position of a responsible adult who is there to help the individual deal with his problems in living, but not to become an ally in acting out these problems.

The specifics of management of referral are many. But it is the authors experience and belief that the kind of referral process model outlined herein can go a long way toward setting up the work of the school psychologist in a manner in which it can be done and which will alleviate the sense of frustration that school psychologists so often feel and impatience with the "roadblocks" and getting down to "real psychological work".

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FOOTNOTES

[1] Presented at the American Psychological Convention, Chicago, 1975. Mary Mc Grory assisted in researching the literature.

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